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MEMORANDUM

TO: Health Officers
Nursing Directors
Communicable Disease Directors
Environmental Health Directors

FROM: Leslie Edwards, MHS, Chief (Acting)
Division of Outbreak Investigation

THROUGH: David Blythe, MD, MPH
State Epidemiologist (Acting)

DATE: March 28, 2003

SUBJECT: Update #2 - Sudden Acute Respiratory Syndrome (SARS) Information

This memo has been issued to update several items contained in yesterday's HO Memo about the SARS investigation.

This memo contains the following items relating to the SARS investigation:

- I. UPDATED information about the SARS outbreak
- II. UPDATED SARS case definitions
- III. UPDATED MERSS data entry information for SARS case reports
- IV. CDC's SARS report intake form (attachment) – *to be used only for persons which meet the suspect case definition for SARS*
- V. CDC's SARS report form instructions (attachment)
- VI. Corrected phone numbers from those listed in yesterday's Health Officer's Memo

I. UPDATED Information about the SARS outbreak

As of March 17, 2003, approximately 170 SARS case-patients have been reported in the following countries:

- China (Guangdong Province and Hong Kong)
- Vietnam
- Canada
- Germany

- Singapore
- Switzerland
- Thailand

There has been some reported secondary transmission in health-care settings and within households in China, Vietnam, Canada, and Singapore. Cases have generally had a brief incubation period (2-7 days). At least 2 case-patients traveled in New York City and Atlanta while symptomatic.

II. **UPDATED - SARS case definitions**

The current (CDC, Revised March 18, 2003) case definitions for SARS cases are as follows:

Suspect SARS Case

A person with onset of acute respiratory illness of unknown etiology with onset since February 1, 2003, presenting with one or more signs or symptoms of respiratory illness including:

- Cough
- Shortness of breath
- Difficulty breathing
- Hypoxia
- Radiographic findings of pneumonia or acute respiratory distress syndrome

AND

- Fever (>38 degrees C or >100.4 degrees F)

AND one or more of the following:

- Close contact (having cared for, having lived with, or having had direct contact with respiratory secretions and/or body fluids of a person suspected of having SARS) within 10 days of onset of symptoms **OR**
- Travel within 10 days of onset of symptoms to an area with documented transmission of SARS (currently: Hong Kong Special Administrative Region and Guangdong province, Peoples' Republic of China; Hanoi, Vietnam; Singapore; and Toronto, Canada).

Probable SARS Case:

Not currently defined by CDC - see note about WHO definition below.

Confirmed SARS Case:

Not currently defined.

Note: Suspect cases with either radiographic evidence of pneumonia or respiratory distress syndrome or evidence of unexplained respiratory distress syndrome by autopsy are designated “probable” cases by the WHO case definition but not according to the most recent guidance from CDC (3/18/2003).

III. UPDATED MERSS data entry information for SARS case reports

Two disease codes have been added to the Maryland Electronic Reporting and Surveillance System (MERSS) for SARS:

SARS - Report Investigation
SARS - Case

These two disease codes will allow us to track investigations in progress separately from cases meeting WHO/CDC case definition criteria.

Use "SARS - Case" for those cases that meet the defined STATUS levels (suspect, probable, confirmed) as determined by CDC. For disease reports that are not yet known to meet the defined STATUS criteria, and for "cases" that further investigation reveals do not meet the criteria, use the "SARS - Report Investigation" disease code. When using the disease code "SARS - Report Investigation," the STATUS can be coded as *confirmed* for any report that requires your follow up such as contact with healthcare providers to verify symptoms, laboratory results, or chest X-ray findings. The STATUS code *Ruled Out* should be used for reports that can be immediately dismissed without further follow up such as the "worried well" that do not report any overseas travel or contact with a traveler, or who do not have symptoms.

IV. CDC's SARS report intake form (attachment)

CDC has developed a detailed, 3-page intake form to be used for anyone who meets the suspect SARS case definition. Only complete this form for persons who meet all three criteria for a suspect case. Continue to use the DHMH form "Interim SARS Intake Form" to record any call placed to the local health department to report a SARS case, including suspect SARS cases. This includes calls received about persons who believe that they may have SARS, however, upon further investigation these persons do not meet the suspect case definition.

Please fax completed DHMH Interim SARS Intake Forms and the CDC SARS report intake form to DHMH at 410-669-4215 and call 410-767-6700 to report this information by phone.

V. CDC's SARS report form instructions (attachment)

CDC prepared a document detailing how to complete the CDC's SARS report intake form mentioned above. This document is included as an attachment to this email.

Please include the MERSS ID number under the State ID # field listed at the top of page 1 of the CDC form.

VI. Corrected phone numbers from those listed in yesterday's Health Officer's Memo

Two adjustments should be made to the list of phone numbers presented in yesterday's HO Memo about the SARS outbreak:

1. Report all SARS related calls (including reports of suspect SARS cases) to the main phone number for EDCP: 410-767-6700

2. Requests for laboratory specimen collection kits can be made by dialing 410-767-6120.

If you have any questions about this investigation, please contact the Epidemiology and Disease Control Program at 410-767-6700.

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